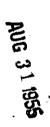
S. No. 2 M—2-43 7. 5-17-39	DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS FILED JUN 23	STANDARD CERTIF	FICATE OF DEATH	14-G	632
よいみ ス WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD 6666	1. PLACE OF DEATH: (a) County MARLON (b) City or town HANNI (c) Name of hospital or institution: ST. L. L. ABBETH (If not in hospital or institution, write at the community years, months or days) 3. (a) PRINT RENE A. 3. (b) If veteran, name war 4. Sex FEMALE 7. Birth date of deceased (Month) 8. AGE: Years Months Day 9. Birthplace MONROE (City, town, or county) 10. Usual occupation HOUSE 11. Industry or business 12. Name OSEPH 13. Birthplace MONROE (City, town, or county) 14. Maiden name MAROE (City, town, or county) 15. Birthplace MONROE (City, town, or county) 16. (c) Informant MONROE (City, town, or county) 16. (d) Informant MONROE (City, town, or county) 16. (d) Informant MONROE (City, town, or county) 16. (d) Informant MONROE (City, town, or county)	Toster 3. (c) Social Security No. N. D. N. E. 6. (a) Single, widowed, married. divorced HARRIED 6. (c) Age of husband service is alive. #7 years 9 1210 (Day) (Year) ys If less than one day 7 br. min. (State or foreign country) W. F. E. (State or foreign country) (State or foreign country)	2. USUAL RESIDENCE OF DECEA (a) State MISSOURI (c) City or town NANDALIA (If outside c (d) Street No. 2.14 N. (If (e) Citizen of foreign country?	ity or town limits, write "RURAL AN ROE Frural, give location) RTHFICATION day 6 leceased from to Way 5 Autr stated above. Latter stated above. lill in the following: (y) (County)	(State) public place?
	114	(Licensed Embalmer's Str	stement on Reverse Side)		



STATEMENT BY LICENSED EMBALMER

I handy contifue that the hady whose name i	e recorded on the reverse side of th	his certificate was embalmed by me, or by	
Thereby certify that the body whose hame i		Registered Apprentice No. 37, 20	
working under my personal supervision.	The state of the s		-
	·	DON Dailal	

Signed Olyse 6: Wilkey Licensed Embalmer No. 3820

P. O. Address Gerry Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above